DP

UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/132
13 April 1993

ORIGINAL: ENGLISH

Fortieth session
1 - 18 June 1993, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ethiopia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$19 million, of which $11 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Ethiopia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of External Economic Cooperation

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Ethiopia

Demographic facts

Population (000)	
Total	49,831
Males	24,851
Females	24,980
Sex ratio (/100 females)	99.5
Urban	6,110
Rural	43,721
Per cent urban	12.3
Population in year 2000 (000)	67,173
Functional age groups (%)	
Young child: 0-4	19.2
Child: 5-14	26.6
Youth: 15-24	18.8
Elderly: 60+	4.6
65+	2.9
Percentage of women aged 15-49	44.0
Median age (years)	17.1
Dependency ratios: total	94.7
(/100) Aged 0-14	89.1
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	2.8
Population density (/sq. km.)	41

Average annual change (000)	
Population increase	1,642
Births	2,647
Deaths	996
Net migration	-9
Annual population total (% growth)	3.05
Urban	4.81
Rural	2.57
Crude birth rate (/1000)	49.1
Crude death rate (/1000)	18.5
Net migration rate (/1000)	-0.2
Total fertility rate (/woman)	7.00
Contraceptive prevalence rate (% 15-44)	3
Gross reproduction rate (/woman)	3.45
Net reproduction rate (/woman)	2.41
Infant mortality rate (/1000)	122
Maternal mortality rate (/100,000)	694
Life expectancy at birth (years)	
Males	45.4
Females	48.7
Both sexes	47.0
GNP per capita (U.S. dollars, 1990)	120

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $19 million, of which $11 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Ethiopia in achieving its population and development objectives. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed Third Country Programme (1993-1997) is based on: the priorities of the Government's New Economic Policy (1991) and the draft national population policy; the findings and recommendations of the 1992 Programme Review and Strategy Development (PRSD) exercise; extensive consultations with government officials; and discussions with representatives of the United Nations and multi- and bilateral organizations, plus non-governmental organizations (NGOs). The proposed programme would also be guided by the Kilimanjaro Plan of Action for African Population and Self-Reliant Development (1984), the Amsterdam Declaration (1989) and the UNFPA Strategy of Assistance to sub-Saharan Africa (DP/1987/37).

3. The overall objective of the proposed programme is to assist the Government to strengthen and advance the national population programme, building on the achievements of UNFPA's second programme of assistance (1987-1992). The specific objectives of the proposed programme are to: (a) develop and implement the National Population Policy and a comprehensive Plan of Action; (b) strengthen, expand and improve the quality of maternal and child health and family planning (MCH/FP) services to reduce maternal mortality and morbidity and infant mortality; (c) increase the contraceptive prevalence rate from 4 to 12 per cent, reduce the total fertility rate from 7.0 to 6.5 children per woman, reduce the maternal mortality rate from an estimated 700 per 100,000 live births to below 500 per 100,000, and decrease adolescent pregnancies; (d) develop and implement a comprehensive national population information, education and communication (IEC) programme; (e) strengthen the national capacity for conducting population research and for integrating population data and information into development planning; (f) promote human resources development to increase self-reliance in the design, management and evaluation of population programmes; (g) improve the status of women and augment their participation in the development process; and (h) increase knowledge and awareness of the interrelationships between population, development and the environment.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Ethiopia is currently increasing by about one million persons every seven to eight months. Ethiopia is the second most populous country in sub-Saharan Africa. The total population, estimated at 19.6 million in 1950, had reached 53 million by mid-1992. The latest estimates from the Central Statistical Authority of Ethiopia indicate a total population of over 55 million; (United Nations estimates can be found in the demographic data sheet on page 2). With a population growth rate of 2.9 per

cent a year, it is expected that by the year 2000 the population will number 67.2 million, reaching 130.7 million by 2025. The total fertility rate is more than 7.0 children per woman (7.5 according the Central Statistical Authority). The infant mortality rate is estimated at 132 per 1,000 live births. Estimates of maternal mortality indicate a rate from 700 to 2,000 per 100,000 live births, one of the highest in the world. Since 1986, human immunodeficiency virus (HIV) infection and AIDS have become a serious public health problem.

6. Social and economic factors. Access to health services is very low; about 40 per cent of the population lives within 10 kilometres of a health unit. The health infrastructure is made up of health stations (2,250), health centres (160) and rural, regional and central hospitals (88). According to a 1989 Ministry of Health report, there are about 34,400 people per doctor, 15,300 per nurse and 5,100 per health assistant. These health personnel tend to be concentrated in the higher level facilities and urban areas. Only 51 per cent of all government health facilities provide family planning services due to a lack of trained personnel.

7. The 1990 Family and Fertility Survey indicated that among reproductive age women a gap exists between awareness of family planning methods (62 per cent) and the use of contraceptives, which is very low at 4 per cent. While information is insufficient, it unquestionable that many adolescents are sexually active. A 1990 study of 859 urban young people showed that 44.8 per cent of girls had their first pregnancy between the ages of 14 and 17; the median age for first sexual contact was about 16.5 years.

8. Ethiopian women have little access to health care, education and employment opportunities. Although women have a higher life expectancy (49 years) than men (46 years), sociocultural factors make them vulnerable to health risks. A woman's married and reproductive roles often start between the ages of 12 to 14. Although female participation in education has improved since 1974, male enrolment exceeds that of females at every level, except for beginning literacy classes. In 1989, girls made up approximately 40 per cent of enrolment at the primary and junior level and 30 per cent at the secondary level. At the higher levels of education, women constituted 8.2 per cent of undergraduate and 6.4 per cent of graduate students.

9. About 49.7 per cent of women live in rural or nomadic communities. Rural women are responsible for 50 per cent of subsistence agricultural production and contribute to household income by conducting trade at local markets. Women comprise about 55.5 per cent of the urban population. About 50 per cent of urban women are migrants, one third of whom are single, divorced or widowed; these women constitute the majority of the urban population engaged in the informal sector.

10. Land degradation, rapid population growth and a skewed population distribution present tremendous challenges to sustainable development. High human and livestock densities and primitive technology have contributed to severe environmental degradation in the highlands, which is where the population and most economic activity is centred. The lowlands have experienced severe desertification, loss of topsoil and grazing land as well as the depletion of water resources. A significant part of the country had been covered by forests; only 4 per cent is wooded today, while the semi-desert area has almost tripled in recent years. Twenty-three per cent of the land is now classified as unusable. This pattern has clear linkages with population pressure. Degradation of crop-producing soils has serious implications for food production and nutritional standards: average caloric intake in Ethiopia is only 67 per cent of daily requirements. The Government is taking policy initiatives to reverse the ecological decline.

11. The Ethiopian economy has been deteriorating as a consequence of inadequate economic policies and war. With a per capita gross national product (GNP) of $120 per capita (1990), Ethiopia is one of the ten developing countries with the largest number of poor persons: according to UNDP, 2.5 per cent of the total

world poor live in Ethiopia. Worsening unemployment is combined with a decline in the quality of education, reduction in school enrolment, and a deterioration in the coverage and quality of health care. Moreover, the age structure of the population fosters consumption rather than economic production: 46 per cent of the population is under 15 years of age.

12. Policy framework. The Transitional Government of Ethiopia took power in May 1991. It immediately embarked on the implementation of the Charter, a programme for the administration and management of government processes until elections can be held. The Charter provides for the devolution of authority and decentralization of decision-making to the 14 regions of Ethiopia. In November 1991, the Government approved the Economic Policy, which recognizes the need for "a population policy which ensures a balance between rates of population and economic growth." An Inter-Ministerial Technical Committee was appointed to revise the draft population policy inherited from the previous Government and to advise on the institutional structures needed to implement and monitor the national population programme. The draft policy has as its major goal the harmonization of the rate of population growth and the capacity of the country for the development and rational use of its natural resources. Specific objectives include: (a) reducing the total fertility rate to 4.0 children per woman by the year 2015; (b) reducing the high rates of maternal, infant and child morbidity and mortality; (c) improving the status of women; and (d) ensuring a population-environment balance.

III. REVIEW OF UNFPA AND OTHER DONOR ASSISTANCE TO DATE

13. Prior to the first comprehensive programme of assistance to Ethiopia, UNFPA provided support to Ethiopia for a sample survey and a population law project in 1973 and a census mapping project in 1980. Following a needs assessment mission in 1980, the first comprehensive programme was approved by the Governing Council in 1981 in the amount of $16 million for the period 1982-1986; upon review of the Fund's total programme, this was later reduced to $9.2 million. This assistance was used to strengthen the MCH/FP programme implemented by the Ministry of Health; to incorporate population messages into the national literacy campaign; to assist the Government in implementing the 1984 national census; and to establish the Demographic Training and Research Centre at the University of Addis Ababa.

14. A needs assessment review and a programme development mission were undertaken in 1986. Following extensive consultations with the Government of Ethiopia, a second programme of assistance was approved by the Governing Council in June 1987 for $10 million (1987-1991). It was later extended for one year in order to synchronize the programme cycles of UNFPA and UNDP.

15. The primary achievement of the second country programme was to significantly increase the awareness of policy makers and planners of the interrelationships between population issues and national development efforts. A framework to integrate population into development planning was institutionalized, and a draft population policy formulated. In addition, the national capacity to develop and manage a national MCH/FP programme was strengthened. Delivery of family planning services was improved and expanded. Measures were initiated to integrate population and family life education components into the curricula of secondary schools, agricultural colleges and adult literacy programmes. A population information centre was established at the Ministry of Information. A population analysis and studies centre was instituted at the Central Statistical Authority. This centre conducted in-depth analyses of the census results and undertook population and demographic research. Academic institutions were assisted to continue population training and research programmes for government officials and on women, population and development. Steps were taken to increase awareness of the impact that population growth has on the environment.

16. The programme faced a number of constraints, including the acceleration of the civil war and the deterioration of the security situation that resulted in a lower than expected implementation rate. Other constraining factors were the turnover in management and administrative personnel due to the change of Government in 1991, the scarcity of trained and experienced nationals, and the weakness of the infrastructual systems needed to support programme operations.

Maternal and child health and family planning

17. Since 1981 UNFPA has been the principal donor to the national family planning programme. The main objectives of the MCH/FP programme have been to expand integrated MCH/FP service delivery by enhancing the management capacity of the Ministry of Health, providing contraceptive supplies and generating public demand. During the period of the second country programme, the management of family planning services at the central level was strengthened. A separate Family Planning Division within the Ministry of Health has been established. The supply and distribution of contraceptives has greatly improved. As a result, the contraceptive prevalence rate has risen from 1.5 per cent to 2.1 per cent in rural areas and from 2.5 per cent to 14.6 per cent in urban areas. The number of health facilities that provide family planning services has markedly increased since 1988, especially the number of health stations, rising from 629 to 1,140. In-service training in family planning methods has been provided for doctors, nurses and health assistants. Training has also been provided to about 12,000 traditional birth attendants (TBAs) and community health assistants. Improvements have been made in the management information system in collecting and reporting of data.

18. In 1989 UNFPA, the Ministry of Health and the Japanese Organization for International Cooperation in Family Planning (JOICFP) embarked on a pilot project to integrate provision of family planning services, health education and parasite control for primary school children and women of reproductive age. These efforts have been implemented in selected rural and urban areas. As indicated above, Ethiopia has one of the highest maternal mortality rates in the world. In 1989 UNFPA funded a three-day seminar on Safe Motherhood that adopted 23 recommendations for action. UNFPA is working with the Transitional Government to implement these recommendations as a way to reduce maternal mortality. UNFPA has provided support to the Department of AIDS Control in the Ministry of Health. Two million condoms provided by UNFPA through the MCH/FP programme have been distributed as part of the AIDS prevention campaign. IEC activities supported by UNFPA have been used as channels for AIDS education messages.

19. The main constraints in the MCH/FP programme have been inadequate training methodology; low motivation in service delivery; limited counselling by the service providers; insufficient programme supervision at regional and district levels; inadequate data on contraceptive use; lack of analysis and interpretation of available data at all levels; and poor management information and logistics systems. Further strengthening of management (particularly of supervisory) capabilities is still required.

Information, education and communication

20. Significant attention has been given to IEC activities. Five major IEC initiatives were implemented to provide population and family life education in the formal and non-formal sectors and to provide IEC support for the MCH/FP programme. UNFPA's support for IEC activities has included assisting the Ministry of Health to institutionalize IEC activities as an integral part of its MCH/FP programme and the Ministry of Information to develop mass media programmes on population and development. The capacities of both ministries have been strengthened in their ability to produce and deliver IEC messages and materials and to effectively implement mass media population programmes. Media coverage of population issues has increased.

Greater production and wider distribution of IEC materials are still required to reach people at the grass-roots level to induce the behavioural and attitudinal changes that will have an impact on Ethiopia's population growth rate. Training of family planning service delivery staff in communication skills is critically required.

21. To institutionalize population in family life education in post-literacy classes and to reach listeners of educational radio, assistance was provided to enhance the capacity of the Ministry of Education in the production and dissemination of IEC materials and messages. At the central level progress has been made in production of broadcast programmes and the post-literacy newsletter. Activities at the regional level however have been limited due to instability in rural areas. Funding for this project was provided from extrabudgetary resources of the Governments of Italy and Norway in addition to UNFPA regular resources; UNESCO provided technical advisory support.

22. The groundwork for institutionalizing population and family life education in the school system has been successfully completed by the Government, with UNESCO technical support. Population and family life education has been integrated into the curricula of three core subjects in twenty secondary schools (initial plans only called for ten schools). Population and family life education was also introduced into the curricula of two junior agricultural colleges, with technical assistance from the Food and Agricultural Organization (FAO) of the United Nations. In-service and pre-service training for faculty members, agricultural and development extension workers and teachers of agriculture in secondary schools has been organized.

23. The IEC programme has contributed to a major positive shift in official attitudes towards population as an integral part of national development efforts. Consequently, high-level political commitment has been given to formulating a population policy plus a strategy and action plan for its implementation. The IEC programme has generated greater public awareness on the interrelations of population growth and development efforts, resulting in a more open discussion of population issues, including family planning.

24. Despite these achievements, IEC activities, have not, however, been part of a comprehensive social mobilization strategy or linked with service delivery systems. Efforts directed towards potential family planning users are inadequate. A comprehensive and coordinated national population IEC strategy and action programme aimed at creating demand and motivation for family planning use has not yet materialized in spite of several initiatives undertaken jointly by the Government and UNFPA.

Data collection and analysis

25. During the second country programme UNFPA assistance focused on two activities: completing the processing of 1984 census data and implementing a demographic survey. Support for technical advisory services and equipment enabled the Government to continue the processing of data from the 1984 national population census. The Central Statistical Authority, with technical assistance from the United Nations Department of Technical Cooperation for Development, has undertaken a Family and Fertility Survey -- the first of its kind in Ethiopia. Its objective is to conduct a detailed national study of family formation patterns as well as of the behaviour, attitudes, values and opinions of Ethiopians regarding fertility and family planning.

Population policy formulation

26. Due to the shortage of information and human resource inputs at the beginning of UNFPA's second programme, population policy formulation developed more slowly than was originally envisaged. By 1990, however, official commitment for formulation of a population policy and action plan was impressive. The

Population and Development Planning Unit (PDPU) was established at the Ministry of Planning and Economic Development, with technical assistance by the International Labour Organisation (ILO). The PDPU organized a National Conference on Population Issues in Ethiopia's National Development and a National Workshop on Population Policy Implementation as well as aiding other ministries in organizing workshops and seminars on population issues. The PDPU was instrumental in assisting the previous Government to draft a National Population Policy, which was ready for approval when the change in government occurred in May 1991. The new Economic Policy adopted in November 1991 stressed the need for a National Population Policy, thereby reactivating the formulation process.

Population dynamics

27. In order to formulate a population policy and programme for Ethiopia it was necessary to carry out further analysis of the census and other existing data and to undertake new studies. Thus, support was channeled for establishing the Population Analysis and Studies Centre within the Central Statistical Authority and for strengthening the Demographic Training and Research Centre at the University of Addis Ababa. During its four years, the Population Analysis Studies Centre has published 41 reports on population in Ethiopia and has significantly contributed to the policy and planning processes by analysing the results of the 1984 Census and the Family and Fertility Survey. The Demographic Training and Research Centre, established in 1985 with UNFPA assistance, offers training at undergraduate and graduate levels in demography, population and development issues. The Centre has also conducted in-service training on population for senior and middle-level national staff and has organized workshops and conferences on population and development issues. It has produced about 40 research works on population subjects. The Centre staff are assisting the Transitional Government in drafting the national population policy.

28. During the second country programme, a total of 12 government officials and university staff were trained abroad in population-related areas while three staff members of the Central Statistical Authority were trained at the M.Sc. level. These achievements were tempered, however, by the number of staff members who did not return from external training. The PRSD mission pointed out the need for further institutional and human resource development in demographic data collection and analysis.

Women, population and development

29. During the second country programme, support was provided for the establishment of the Centre for Research, Training and Information on Women in Development at the University of Addis Ababa. Its objective is to assist the Government in formulating policies to advance the integration of women in the development process by helping to generate and disseminate data and by organizing workshops for sensitizing officials on women, population and development issues. The Centre has fostered the participation of women in seminars and training programmes and works to ensure that data collection is gender-sensitive.

Special programmes

30. Another initiative under the second country programme was the Survey of Adolescent Fertility, Reproductive Behaviour and Employment. This project was implemented by the Ministry of Labour and Social Affairs with ILO technical assistance. The objectives of the survey were to create a capacity within the Ministry to produce a database on urban youth, including adolescent fertility and reproductive behaviour, and to generate awareness among planners and policy makers about the problems of these youth.

31. UNFPA support was provided for several efforts in the area of population and the environment. National and international experts were funded to assist the Government in conducting seminars; reviewing ideas for potential projects; incorporating population into the national report to the 1992 United Nations Conference on Environment and Development; and undertaking studies.

Other external assistance

32. UNFPA has been the main donor in providing assistance to Ethiopia for population activities. Other donors active in the population field include the World Bank and the World Health Organization (WHO), which are helping to strengthen the institutional capacity of the Ministry of Health and to improve the quality and coverage of MCH programmes. The International Planned Parenthood Federation, with its national affiliate, the Family Guidance Association of Ethiopia (FGAE), supports programmes to train Ministry of Health workers in family planning service delivery, contraceptive technology and IEC activities. The British Overseas Development Administration (ODA) and Population Concern fund the training of rural women as development agents (a project implemented by FGAE) and support a contraceptive social marketing programme for family planning and AIDS prevention. The Swedish International Development Agency (SIDA) and such international NGOs as Pathfinder International and the Association for Voluntary Surgical Contraception are working with the FGAE to expand MCH/FP services. Marie Stopes International operates a clinic in Addis Ababa and conducts health and family planning education campaigns. The Rockefeller Foundation is supporting a study on HIV prevalence among women and the risk of perinatal transmission. Population Services International is carrying out a social marketing programme for condoms.

IV. PROPOSED PROGRAMME 1993-1997

33. The Ethiopian Government is in the process of instituting major political and administrative reforms, including democratization and decentralization of decision-making. This restructuring, coupled with the imminent adoption of a National Population Policy, the greater recognition of the role that women play in national development, and the awareness of the impact of population on environmental degradation, offers an historic opportunity for the advancement of population issues and the further integration of population and development planning at all levels.

34. The Government has adopted a national strategy to achieve its population goals. This strategy includes: (a) formulating a population policy and plan of action, and developing the institutional structures to implement the policy and action plan; (b) strengthening family planning service delivery and diversifying contraceptive options; (c) promoting population IEC and encouraging social mobilization; and (d) fostering human resource development.

35. The objectives of the proposed programme are detailed in paragraph 3 above. To achieve these objectives, the programme strategy would encompass the following components: (a) strengthening institutions at national and regional levels so that they can effectively implement and monitor the national population policy and programmes; (b) improving the quality, coverage, outreach and management of family planning services by training administrative staff and service providers; (c) assisting the Ministry of Health to prepare technical guidelines to diversify family planning options and to promote an environment conducive to NGO participation in family planning service delivery; (d) strengthening population IEC activities by formulating and implementing coordinated national and regional multisectoral, multi-media IEC strategies, based on relevant sociocultural research; and (e) large-scale training of staff in all programme sectors.

Maternal and child health and family planning

36. High rates of maternal and infant mortality and adolescent pregnancy are serious problems. Attacking these problems is hampered by the inadequate level of MCH/FP services. An estimated 20 per cent of the population has ready access to family planning services, and the quality of these services is low. The result is that while 25 per cent of women would prefer to postpone the birth of their next child, only 4 per cent use modern family planning methods.

37. The following activities would be accorded priority within the UNFPA-funded programme: (a) strengthening human resource development and institution building to carry out a decentralized family planning programme; (b) continuing and expanding existing MCH/FP delivery systems to meet unmet and newly-generated family planning needs; (c) improving the quality of MCH/FP services; (d) increasing in-service training of staff to take care of the training backlog so as to offer family planning services in all government health facilities; (e) incorporating family planning (including counselling and communication skills) in the curricula of teaching institutions for doctors, nurses and nurse/midwives; (f) reducing maternal mortality by following the Safe Motherhood/risk approach; (g) developing effective management information and logistics systems; and (h) collaborating with other institutions to initiate a community-based distribution programme.

38. To achieve an increase in the contraceptive prevalence rate from 4 per cent to at least 12 per cent by 1997, the number of contraceptive acceptors would need to rise from 300,000 in 1993 to 517,000 in 1997. More than $10 million would be required to supply contraceptives during this five-year period. UNFPA intends to collaborate with multi- and bilateral organizations and NGOs to meet these contraceptive needs.

39. Focusing on the high levels of maternal mortality and morbidity, the Ministry of Health, with UNFPA financial assistance, organized a National Seminar on Safe Motherhood in September 1989. Financial and technical assistance is proposed to assist the Government to develop and implement a Safe Motherhood Plan of Action. UNFPA would collaborate with UNICEF, WHO and UNDP in this effort.

40. Further studies on adolescent behaviour would be undertaken in order to design more effective IEC messages for youth. Population and family life education components would be incorporated into the women in development and youth activities undertaken in collaboration with the Joint Consultative Committee on Policy (JCGP). In cooperation with UNICEF, UNFPA would provide for counselling and family planning services at sites accessible to adolescents and for population training for youth leaders.

41. Health education campaigns on high risk behaviour, timely counselling and provision of contraceptive services are needed to control the transmission of HIV/AIDS. Strategies and activities designed to prevent the transmission and spread of infection would be incorporated into MCH/FP and IEC activities. It is also proposed that UNFPA assistance be provided to distribute 2 million condoms annually to the Department for Aids Control through the MCH/FP programme.

42. The current management information system (MIS) does not readily permit analysis of collected data for planning and decision-making. UNFPA assistance would assist the Ministry of Health in establishing an effective MIS so that service statistics can be re-oriented to serve programme administrative needs.

43. UNFPA proposes to provide a total amount of $9 million for MCH/FP activities, of which $3 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

44. Development and implementation of a multisectoral, multi-media IEC strategy would be crucial to the achievement of the objectives of the national population policy once it has been adopted. Financial support is proposed to assist the Transitional Government in formulating this IEC strategy. The proposed IEC strategy would include: (a) joint inter-ministerial workshops for strategy development, ensuring consistency in material production, field pre-testing, and complementarity of contents; (b) production of radio messages and dramatic performances to focus on key population issues; (c) developing interpersonal communication capacities of health education agents, family planning providers, agricultural extension workers and other development workers; (d) segmentation of audiences, focusing on certain groups such as out-of-school youth and the armed forces in developing appropriate messages; (e) conducting sociocultural research to support the design of population messages.

45. In order to carry out these strategies, UNFPA would provide financial support for: (a) strengthening the national institutions participating in the IEC strategy through staff training and fellowships; (b) developing a national capacity for creation of persuasive messages and for implementing media campaigns; (c) training in counselling and interpersonal skills for MCH/FP service delivery and extension workers; (d) utilizing traditional media to sustain population awareness and advocacy; (e) developing materials and activities to sensitize policy makers, opinion leaders and public officials; (f) extending the population and family life education curricula to all agricultural colleges; (g) incorporating population and family life education into food-for-work schemes for soil conservation and afforestation programmes, in cooperation with the World Food Programme; (h) introducing the population and family life education curricula for grades 7 and 8 already tested in twenty schools on a national basis; (i) developing and testing population and family life education materials for all remaining grades in the primary and secondary levels as well as introducing population and family life education in teacher training institutions and providing in-service training for teachers. Production of education materials and training of teachers would require the mobilization of resources from the international community; UNFPA intends to work with the Transitional Government to obtain and coordinate resources for this effort.

46. UNFPA proposes to provide a total of $2.9 million for population IEC activities, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

47. Reliable statistical data for planning is a priority of the Government. If it is to achieve its goals of administrative decentralization, regional planning and programme implementation, significant quantities of population data would be required. In addition, sociocultural research and knowledge, attitude and practice (KAP) surveys are needed to support policy and programme implementation. The 1994 Population and Housing Census will be a major task during the period of the proposed programme. Massive population shifts after the 1984 census underscore the importance of the 1994 census. The current dire economic constraints of Ethiopia require that major external contributions be mobilized for this endeavour. The donor community has been very sympathetic, expressing willingness to assist the Government. At government request, UNFPA has discussed the coordination of assistance with several potential donors, and a meeting of donors is planned to formalize commitments. UNFPA proposes to provide a total of $5 million for data collection and analysis activities, of which $4 million would be sought from other sources, including multi-bilateral sources.

Population policy formulation

48. The creation of an institutional structure for national policy and programme development is one of the most immediate priorities of the population strategy. Once the National Population Policy is promulgated, attention should focus on the coordinating mechanisms for planning, implementing and monitoring a comprehensive national population programme. Funding would be provided to assist the Government to establish a National Population Council. Resources would be required for technical advisory services, staff training in population policy and programme implementation, and equipment for appropriate central and regional institutions. UNFPA proposes to provide a total of $900,000 for population policy formulation activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

49. As capacity building would continue to be a central component of the programme strategy, support for the ongoing undergraduate and graduate level training and research programmes in population and demography of the Demographic Training and Research Centre would be continued. The Population and Development Planning Unit, the Demographic Training and Research Unit and the Population Analysis Studies Centre are to assist the Government in formulating a national population research strategy. An inter-institutional research programme would be developed to support policy formulation, implementation and evaluation. Financial assistance would be provided to promote interdisciplinary and operational research, including sociocultural research, in support of the national population programme.

50. Financial assistance would also be provided for staff training. In-service training would be supported for planners and managers, in both central and regional administrations, in order to improve implementation of population programmes. Priority would be given for fellowships at national institutions, whenever feasible.

51. UNFPA proposes to provide a total amount of $600,000 in the area of population dynamics, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

52. UNFPA assistance is proposed for: (a) continuing institutional support to the Centre for Research, Training and Information on Women and Development; (b) strengthening government units and NGOs that promote women's issues through staff training and technical assistance for research so that population and family planning are included in the formulation and implementation of a policy on women; (c) conducting IEC awareness creation activities on gender issues for policy and opinion leaders; (d) training to enable women to assume professional roles in the national population programme; (e) incorporating population and family life education components into women's projects supported by JCGP efforts; (f) initiating a pilot project for population and family life education counselling for both men and women entering the University of Addis Ababa. UNFPA proposes to provide a total of $600,000 for women, population and development activities, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

53. The Government is developing a Natural Conservation Strategy that is expected to emphasize the need for studies on population and environment issues and for programmes to improve public awareness, especially among women, of environmental issues. UNFPA would work closely with the Transitional Government to

ensure that population and environment linkages are sufficiently addressed within the proposed strategy, and would assist the Transitional Government in carrying out appropriate studies and awareness creation seminars to inform policy makers and planners as well as the general public on these linkages. Information on these linkages will also be integrated into sectoral activities supported by the proposed programme.

Programme coordination

54. Increased coordination of population activities is essential in the next years as more donors are expected to become active or increase their contributions in Ethiopia. UNFPA would continue to cooperate with the Government in coordinating these efforts. At the same time, specific assistance would be provided to the Ministry of External Economic Cooperation to strengthen its capacity to deal with population-related programmes. Consultations with interested donors are currently taking place to ascertain interest in multi-bilateral programmes and to foster coordination.

55. Increased coordination within the United Nations system is being actively pursued. The synchronization of the UNDP and of the UNFPA assistance programmes has been the starting point for such coordination. Within the programme areas in UNDP's proposed fifth country programme, a number of possibilities for integration and cooperation with UNFPA activities have been identified, in particular, in areas addressing the population-resource balance and in human resources development. A document outlining specific proposals has been prepared and is under discussion in the UNDP and UNFPA Field Offices. WHO is assisting the Ministry of Health to assess the health situation at regional levels to establish the basis for the decentralization of health services. Close consultation would be maintained between WHO, UNICEF and UNFPA to improve support to MCH/FP activities and to expand the coverage and quality of these programmes within the primary health care system. The areas of logistics, training and IEC support have been identified as areas for closer cooperation between UNICEF and UNFPA. Since 1988 members of the JCGP have been cooperating in the area of women and development by setting up joint working committees to foster joint programmes, and a joint consultancy mission on women in development was commissioned in 1991.

Programme monitoring, evaluation and management

56. The Transitional Government has indicated a preference for national execution and the use of nationals to manage and implement development assistance programmes and projects, especially those funded by the United Nations and other multilateral agencies. The scarcity of trained nationals and the absence of sufficient national institutions to backstop projects have proved to be major restraints. Efforts would continue to be made in collaboration with other agencies, especially UNDP, to upgrade government capacity, train programme managers and implementors, and establish mechanisms for systematic programme monitoring and evaluation. Established practices for the monitoring and evaluation of UNFPA-funded activities, such as tripartite review meetings, annual programme reviews and annual country reviews, would be consistently applied. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA country support team located in Addis Ababa.

Financial summary

57. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $19 million over the five-year period 1993-1997, of which $11 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources

and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	6,000,000	3,000,000	9,000,000
Information, education, Communication	2,400,000	500,000	2,900,000
Data collection and analysis	1,000,000	4,000,000	5,000,000
Population policy formulation	700,000	200,000	900,000
Population dynamics	400,000	200,000	600,000
Women, population and development	500,000	100,000	600,000
TOTAL	11,000,000	8,000,000	19,000,000

VI. RECOMMENDATION

58. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Ethiopia in the amount of $19 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $11 million from UNFPA's regular resources, over the period 1993-1997;

(c) Further authorize the Executive Director to seek to provide the balance of $8 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Ethiopia and with the executing agencies.